

STATE OF ALASKA
ALASKA OIL AND GAS CONSERVATION COMMISSION
APPLICATION FOR SUNDRY APPROVAL

20 AAC 25.280

1. Type of Request:	Abandon <input type="checkbox"/>	Suspend <input type="checkbox"/>	Operational shutdown <input type="checkbox"/>	Perforate <input type="checkbox"/>	Waiver <input type="checkbox"/>	Other <input type="checkbox"/>
	Alter casing <input type="checkbox"/>	Repair well <input type="checkbox"/>	Plug Perforations <input type="checkbox"/>	Stimulate <input type="checkbox"/>	Time Extension <input type="checkbox"/>	
	Change approved program <input type="checkbox"/>	Pull Tubing <input type="checkbox"/>	Perforate New Pool <input type="checkbox"/>	Re-enter Suspended Well <input type="checkbox"/>		

2. Operator Name:	4. Current Well Class: Development <input type="checkbox"/> Exploratory <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Service <input type="checkbox"/>	5. Permit to Drill Number:
3. Address:		6. API Number:

7. KB Elevation (ft):	9. Well Name and Number:
8. Property Designation:	10. Field/Pools(s):

11. PRESENT WELL CONDITION SUMMARY

Total Depth MD (ft):	Total Depth TVD (ft):	Effective Depth MD (ft):	Effective Depth TVD (ft):	Plugs (measured):	Junk (measured):
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Casing	Length	Size	MD	TVD	Burst	Collapse
Structural						
Conductor						
Surface						
Intermediate						
Production						
Liner						

Perforation Depth MD (ft):	Perforation Depth TVD (ft):	Tubing Size:	Tubing Grade:	Tubing MD (ft):
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Packers and SSSV Type:	Packers and SSSV MD (ft):
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12. Attachments: Description Summary of Proposal <input type="checkbox"/> Detailed Operations Program <input type="checkbox"/> BOP Sketch <input type="checkbox"/>	13. Well Class after proposed work: Exploratory <input type="checkbox"/> Development <input type="checkbox"/> Service <input type="checkbox"/>
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14. Estimated Date for Commencing Operations:	15. Well Status after proposed work: Oil <input type="checkbox"/> Gas <input type="checkbox"/> Plugged <input type="checkbox"/> Abandoned <input type="checkbox"/>
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16. Verbal Approval: Date: _____ Commission Representative:	WAG <input type="checkbox"/> GINJ <input type="checkbox"/> WINJ <input type="checkbox"/> WDSPL <input type="checkbox"/>
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17. I hereby certify that the foregoing is true and correct to the best of my knowledge.		Contact _____
Printed Name _____	Title _____	
Signature _____	Phone _____	Date _____

COMMISSION USE ONLY

Conditions of approval: Notify Commission so that a representative may witness	Sundry Number: _____
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Plug Integrity <input type="checkbox"/>	BOP Test <input type="checkbox"/>	Mechanical Integrity Test <input type="checkbox"/>	Location Clearance <input type="checkbox"/>
Other: _____			
Subsequent Form Required: _____			

Approved by: _____	COMMISSIONER	APPROVED BY THE COMMISSION	Date: _____
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